Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4/25/14	Street:	729 CHISHOLM TRAIL	
Incident #:	14ISPC003455	Apt, Lot, Ro	Apt, Lot, Room #:	
County :	TIPPECANOE	City:	LAFAYETTE	
Type of Laboratory Seizure (check one)		Seizure Location	Seizure Location (check all that apply)	
Chemical Seizure		☐ Residence☐ Outbuilding☐ Vehicle☐ Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No W Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
 ☐ One Pot or Birch Reaction(s): BEDROOM ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: BEDROOM, TRUCK ☐ Water Reactive Metal (Lithium): Child under age 18 discovered (check appropriate) ☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often 		Corros Corros Corros Ammo Other Living cor unclea Estimated occurring:	☐ Anhydrous Ammonia: ☐ Corrosive Acid: BEDROOM ☐ Corrosive Base: BEDROOM ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): Living conditions of home: ☐ clean ☐ disarray ☐ unclean Estimated length of time manufacturing had been occurring:	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>LAFAYETTE FIRE</u> Fax: <u>radoyle@lafayette.in.gov</u> Health Department County: <u>TIPPECAONE CO.</u> Fax: <u>rnoles@tippecanoe.in.gov</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: WESLEE ENNIS Phone 765-567-2125				
*This form is to be faxed to the Fire Department. Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.